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Navy and Marine Corps Medical News #01-28
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MN012801. Catch 'Em Early, Keep 'Em Healthy
By Jan Davis, Bureau of Medicine and Surgery

Great Lakes, IL - The Naval Dental Center and Naval Hospital at Great Lakes, in concert with Naval Training Center's Health Promotion Council, is combining forces to reach out and keep recruits healthy throughout their Navy careers.

REACH, Reinforcing Education to Achieve Health, was started by the Naval Dental Center to promote health awareness, motivate Sailors to get and stay healthy, and intervene should unhealthy habits develop. While REACH targets the Navy's new recruits, it also provides information and education to civilian employees, Sailors, Navy families, and members of other services who are stationed on the Great Lakes training complex.

"We've reached well over 160,000 active duty members, their families, and NTC civilian employees with the program," said CDR John McGinley, DC, the creator and director of REACH at Great Lakes.

A key to REACH is to have health promotion materials available in as many locations as possible. Information on oral health, tobacco cessation, alcohol, nutrition, fitness, sexually transmitted diseases, and a variety of other health issues is available in all medical and dental waiting rooms, and other public locations, including the galley. All 22 galley food lines have nutritional information, and other health issue information is displayed on each table.

Recruits start their health education from almost the day they arrive. According to McGinley, they receive presentations on health maintenance, a review of TRICARE medical and dental programs, an explanation of the medical care they will be receiving during boot camp, and tobacco cessation encouragement.

One of the indicators used to measure the success of REACH is how many recruits continue smoking after their tobacco-free eight weeks of boot camp. Initial data shows that since recruits started getting educated about the dangers and expense of tobacco, up to 50 percent more are making the decision not to light up again after boot camp.

Many recruits are savvy about how to stay healthy, said McGinley, but for some this is the first information they're getting about nutrition, fitness, dental maintenance, and other healthcare issues.

"In the long run, REACH is a tremendous value. It's cheaper to prevent disease than to treat it," he said. "And in terms of preventing human

suffering from chronic diseases that might have been preventable if they'd had the right information, it's priceless."

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MN012802. Dental Battalion Wins Beacon Award

By Marine Staff Sgt. Michelle C. Smith, Combat Correspondent

Camp LeJeune, N.C. - The 2nd Dental Battalion, Naval Dental Center Camp Lejeune was recently recognized for its efforts in spearheading performance improvements when it won the Secretary of the Navy Beacon Award.

The award, formerly the Revolution in Business Affairs Award, was presented to the battalion for improvement initiatives in dental care delivery, deployment excellence, and creating a "learning organization" for the enrichment of the unit's staff.

"We are proud of our accomplishment," said CAPT G. Michael Brown, DC, the Battalion's commanding officer. "This award is significant to our unit. It's the first time it has been won by a Navy medicine command and it's the first time it has been won by a command in Marine Forces Atlantic."

The award's purpose is to recognize Navy and Marine Corps personnel and units for their contribution toward achieving DON's business goals.

"This award is about contribution instead of competition," said Marine Lt. Col. Otis Ledbetter, programs coordination officer for programs and resources at Headquarters Marine Corps.

The battalion was cited for its teamwork and initiative reflected in its comprehensive and far-reaching strategic and annual plans and its outstanding benchmarks in quality care both in garrison and in the field. The battalion used 35 performance indicators that tracked care improvement and sound resource management. All battalion members are charged with meeting the benchmarks.

"It's a good feeling," said DT2 Jimmy Herbert. "Anyone from E-1 to O-6 can have a direct affect on what can happen. This award is often given to civilian organizations but to win as a military organization says that we are doing the right thing."

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MN012803. Oceana Introduces Open Access

By JO2 Duke Richardson, NMC Portsmouth

Oceana, VA - Thanks to a new open access policy at Naval Medical Center Portsmouth's Branch Medical Clinic Oceana, most patients calling for an appointment at the branch can get treatment that same day.

"What this means is that if our patients need to be seen for something (on a certain day)," BMC Oceana's Officer in Charge, CDR Peter Kopacz, said, "then we will do whatever it takes to get them seen that same day."

Kopacz said appointments are left unscheduled so that patients can be scheduled in immediately, or, on very rare occasions, the next day. If it's the next day, it will be within 24 hours of the patient's call.

Oceana is the first clinic in the Tidewater Area to have the open access policy. According to LCDR Ray Wilson, BMC Oceana's family practice division officer, the idea to begin open access started when an article about its success began circulating throughout the clinic. Shortly afterward, a three-day weekend overloaded their emergency room with 400 patients - when they were staffed to handle only three-quarters that number.

"We were like 'uh-oh, we can't handle this pace any longer,'" said Wilson. "So in order to (cut the number of people) that go to the ER, and to better serve their needs, we decided we would give open access a try."

Planning took almost two months, and included consultation with a clinic that had already implemented open access.

"We went to the clinic in Patuxent River, Maryland, to take a look at their open access concept," he said. "We learned some things from their

operation. We decided to start small by just incorporating the idea into our family practice unit and it has been very successful."

Kopacz said the key to the open access success is to get everyone involved.

"If everyone here wasn't playing on the same sheet of music and working together, this wouldn't have worked," he said.

According to Kopacz, the response to the open access has been overwhelmingly positive. The number of complaints has gone down and the positive feedback is "on the up and up."

While Oceana is doing things a little differently, patients still make the same telephone call should they need an appointment.

"Patients still call the TRICARE number to ask for an appointment," CDR Casey Knapp, senior nurse of BMC Oceana, said. "They are, hopefully, relatively surprised that they are now getting in easier and faster."

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MN012804. Korean War Vet Returns to Yokosuka

Yokosuka, Japan - The doctors, nurses and corpsmen at U.S. Naval Hospital Yokosuka treated tens of thousands of Korean War casualties, returning them to home and families. Most never looked back.

But recently, one Marine cared for at the hospital more than 50 years ago came back for a visit.

Leroy C. Olmstead came to Yokosuka to visit his son, CDR Michael R. Olmstead, the commanding officer of the Yokosuka homeported frigate USS GARY (FFG 51), and took a nostalgic side trip to the hospital.

Olmstead was a corporal in the Marine Corps, serving in Korea, when he was severely wounded in the leg and medically evacuated to Yokosuka.

"I made the mistake of walking into a couple of things I shouldn't have walked into, including 'bouncing betties,' or land mines," said Olmstead.

He was sent first to Fukuoka before the Navy got him to Yokosuka.

"They took fantastic care of me. I had a wonderful doctor, and three good, beautiful nurses," he said. He credits his Navy orthopedic surgeon with saving his leg.

"Going through Fukuoka, they were going to take my leg. But I'm on my own leg now."

During his recuperation he and his buddies spent as much time as possible off base.

"The corpsmen were some of my best friends," said Olmstead. "We weren't allowed to go on liberty with a cane, which I had to use."

Olmstead reminisced that one of his corpsmen friends helped him smuggle a cane out under his jumper, and the two would go out on liberty together.

"Boy we had some great times," he said.

Only a few of the buildings that made up the naval hospital when Olmstead was a patient were still standing.

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MN012805. Okinawa On Line to Take Lab Certification Exam

By HMCS (FMF) Alexander H. Sugay Jr., USNH Okinawa

Okinawa, Japan - U.S. Naval Hospital Okinawa became the first American hospital in the Western Pacific to offer on-line certification for its laboratory personnel with the American Society of Clinical Pathologists (ASCP).

After years of coordination and preparation, the ASCP authorized the hospital to test its technicians on-line. HM2 Lucretia W. Organ was the first laboratory technician to challenge the medical laboratory ASCP exam.

"This opens up a lot of opportunities for our staff to get accreditation on their specific level of competency," said LTJG Debra L. Baker, MSC, the laboratory division officer. "It puts them up to par with their civilian laboratory counterparts."

Baker credits former hospital staffer LCDR Brian McNamara, MSC, with bringing the project to fruition.

"LCDR McNamara spent two years consolidating the strict guidelines of the agency, and coordinating for computer support."

The benefits of the on line exam are three-fold: It saves travel dollars, its convenience and availability encourages laboratory technicians to get certified, and exam results are returned within one week vice the four to six weeks regular pen and paper exams require.

Baker plans to open up the program to other overseas hospitals.

"Laboratory technicians from all services in mainland Japan and Korea may be able to take their test on Okinawa instead of flying all the way back to the States," she said.

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MN012806. BUMED Directives CD In the Mail

If you're a member of the Navy Medical Department on a ship or Navy station, you should now have easy access to all Bureau of Medicine and Surgery's directives. CD-roms containing all the directives have been mailed to your commands and should arrive by the end of the month.

After Aug. 1, requests for the CD should be sent to gdtalley@us.med.navy.mil. Please include a complete command mailing address with your request.

"The plan is for updates to directives to go out on CD rom annually," said Mary Snyder, head of regulations and directives at the Bureau of Medicine and Surgery. "Look for the next CD rom in the spring of 2002."

Technical questions regarding the CD should be referred to Eugene McCrea at eumccrea@us.med.navy.mil, telephone 202 762-0179, DSN 762-0179.

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MN012807. HealthWatch: Spiders: Danger Lurking in the Dark

By Nicole Deaner, Bureau of Medicine and Surgery

Norfolk, VA - The twelve-year-old showed her mother the cone-shaped bite on her leg. It wasn't like any other bug bite her mother had seen. And didn't the youngster seem a little lethargic? Maybe a doctor should have a quick look.

Mother and daughter checked in at the emergency room at Naval Medical Center Portsmouth, and since there was a wait, went to get a bite to eat at the cafeteria. They'd just sat down when two doctors happened by, took one glance at the young girl's leg, and swept her away. She spent the next three days in the intensive care unit.

The doctors had recognized the bite as that of a venomous brown recluse spider.

Incidents like this aren't common, but there are spiders in the U.S. with bites that can be dangerous to people and animals.

All spiders have venom with varying levels of potency. They use their fangs to inject venom into their victims - which, fortunately, rarely includes humans. The venom paralyzes the victim, then aids in digestion. Most spiders are not dangerous to humans because their fangs are too short or too fragile to penetrate human skin.

The brown recluse (*Loxosceles reclusa*) and black widow (*Latrodectus mactans*) spiders are exceptions. Both can be found in dry, dark, undisturbed environments such as closets, woodpiles and under sinks - places where they can lurk unseen until their prey comes along.

The half inch long brown recluse spider is found throughout the Southern half of the United States. They come in all shades of brown and are identified by their violin markings, which are often faint and hard to see. Its bite produces mild stinging or burning at first, followed by itching, local redness and intense pain within eight hours.

A fluid-filled blister forms at the site, often cone-shaped, then

sloughs off leaving an ulcer. Other symptoms include fever, chills, nausea, vomiting and muscle aches. Symptoms develop slowly and persistently. There's often damaged skin and muscle at the bite site. As in the case of the girl, victims often fail to realize they've been bitten.

The black widow spider, found in warmer regions of the United States, grows up to an inch long and is shiny black with a large, round abdomen and a distinctive reddish marking on the underside. Its bite looks like a target - a pale area surrounded by a red circle. Severe muscle cramps and pain may develop within a few hours of the bite. Other symptoms may include weakness, sweating, headache, anxiety, itching, nausea, vomiting, raised blood pressure, and breathing difficulty. Its venom affects the nervous system, and can rapidly produce severe symptoms.

According to CDR Michael Mann, MSC, medical entomologist at Navy Environmental Health Center in Norfolk, VA, an anti-venom for black widow bites is available - which is a good, since the mortality rate in untreated black widow bites can be as high as 25 percent.

Here's some hints on what to do if you think you've been bitten by a venomous spider:

- Try to identify the spider. Save it, if possible.
- Clean the affected site well with soap and water.
- Apply a cool compress over the bite location and elevate the affected limb to heart level.
- Aspirin or acetaminophen may be used to relieve minor symptoms in adults. Do not give aspirin to children - only acetaminophen.
- Place a snug bandage above the bite to help slow or halt the venom from spreading. The bandage should be tight enough to slow the flow of blood at skin level, but not to cut off circulation in the limb.
- Apply a cloth dampened with cold water or filled with ice to the bite.
- Most importantly, seek immediate medical attention. This is particularly important for black widow bites. Their venom is very toxic and can have severe rapid effects. Untreated, it can be lethal.

If you think you've been bitten and are unable to identify the type of bite, closely observe the bite for several days and be sensitive to any symptoms that may develop. If symptoms do develop, seek medical assistance immediately.

According to Mann, even the most cautious person may find it difficult to avoid spiders. He suggests the best way to control spiders is to eliminate their primary food source.

"Insect control both inside and around the perimeter of the house will reduce spider populations," said Mann.

He also suggests being observant when working in infrequently disturbed areas, such as attics, basements, woodsheds, and other outbuildings.

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